

SUBJECT: Hepatitis C Virus (HCV) Counseling/Education, Testing, Referral, and Partner Notification

Hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the United States. Many persons with HCV infection may not be aware of their infection because they are not clinically ill. Infected persons serve as a source of transmission to others and are at risk for chronic liver disease or other HCV-related conditions. Reducing HCV infection and HCV-related disease requires implementation of primary prevention activities to reduce the risk for contracting HCV infection and secondary prevention activities to reduce the risk for chronic liver disease in HCV-infected persons. The current medical standard of care for persons at risk for or having HCV infection is to provide counseling/education, testing, medical evaluation, and medical care services focusing on curative therapy and follow-up.

POLICY STATEMENT:

DHEC will provide Hepatitis C educational and referral services to individuals receiving health department services and who are at risk for Hepatitis C. DHEC will provide Hepatitis C testing to at-risk individuals. DHEC will also provide general Hepatitis C information upon request.

Hepatitis C testing, counseling, and/or referral services should be integrated into existing clinical services.

STANDARDS:

1. A risk assessment will be performed on all patients receiving Adult/Preventive Health Services (eg. STD, HIV, TB, Family Planning services) in order to determine risk factors for Hepatitis C.
2. Information regarding Hepatitis C will be provided to patients with Hepatitis C risk factors and should include the following: nature of the disease, transmission, symptoms, benefits of early detection, risk factors, medical treatment, potential consequences of testing positive, and risk-appropriate prevention messages. This information may be provided either verbally or in written materials such as pamphlets, brochures, etc.
3. All patients being tested for Hepatitis C in DHEC clinics will be informed of their test results. Patients with a positive test result should be informed of their results in a face-to-face encounter.
4. Follow-up for patients who are tested in DHEC clinics and test positive for Hepatitis C will be offered referral to a private physician for further medical evaluation and possible curative treatment. In addition, patients who test positive for Hepatitis C in DHEC clinics will be provided partner notification services if requested by the patient.

5. Patients who request Hepatitis C testing but who do not meet the risk factor criteria for Hepatitis C testing should be provided with appropriate education and counseling and should be referred to a private provider for testing.
6. All cases of acute and chronic hepatitis C will be reported to DHEC in the appropriate reporting/surveillance system.
7. DHEC will report all cases of acute and chronic hepatitis C to CDC.

RULES:

1. Limited funding from the Division of Acute Disease Epidemiology is available for testing only those individuals with risk factors as specified in this policy.

PROCEDURE:

1. Assess all patients receiving Adult/Preventive Health Services for risk factors for Hepatitis C. For HCV testing purposes in DHEC, patients with the following HCV risk factors may be offered HCV testing:
 - Persons with hemophilia who received clotting factor concentrates produced before 1987.
 - Persons who are or were ever on chronic (long-term) hemodialysis.
 - Persons who received a blood transfusion or blood components prior to 1992.
 - Persons who were notified that they received blood from a donor who later tested positive for HCV infection.
 - Persons who received an organ transplant before July 1992.
 - Injecting drug users – current or prior history of use – to include those who injected once or a few times many years ago and do not consider themselves as drug users.
 - Persons (over 12 months of age) born to HCV-infected women.
 - Persons with multiple sex partners as defined as ≥ 50 lifetime partners.
 - Persons with long-term sex partner who is HCV positive.
 - Person who is HIV positive.

Patient With Hepatitis C Risk Factors:

1. Assess the patient for symptoms of HCV. Symptoms of acute HCV may include chronic fatigue, jaundice, anorexia, malaise, and/or abdominal pain; however, 60% to 70% of individuals have no discernible symptoms. Chronic HCV usually progresses slowly without symptoms or physical signs during the first two or more decades after infection.
2. Provide Hepatitis C information, either verbally or in pamphlets/brochures - depending on the patient's individualized needs (refer to DHEC patient educational information on Hepatitis C). Hepatitis C information should include the following:
 - a. The natural history of Hepatitis C and chronic liver disease.
 - b. Methods of transmission of Hepatitis C.
 - c. The benefits of detecting infection early.

- d. Exposures associated with the transmission of HCV, including behaviors or exposures that might have occurred infrequently or many years ago.
 - e. Available curative medical treatments.
 - f. Potential adverse consequences of testing positive, including disrupted personal relationships and possible stigmatization.
 - g. Prevention messages appropriate for the individual being tested. and refer the patient to a private provider for testing.
3. Recommend and offer Hepatitis C testing.
 4. Obtain the Hepatitis C (HCV) EIA antibody test and send the specimen to the DHEC Bureau of Laboratories (BoL). The DHEC BoL will automatically perform a confirmation test on those EIA tests that are positive. Refer to the DHEC Laboratory Manual for information on specimen collection and shipment.

Patients With No Identified Hepatitis C Risk Factors:

1. Provide Hepatitis C information, either verbally or in pamphlets/brochures - depending on the patient's individualized needs (refer to DHEC patient educational information on Hepatitis C).
2. Refer the patient to a private provider for testing.

Provision of Hepatitis C Test Results:

1. Provide test results to all patients tested for Hepatitis C in DHEC. Negative test results may be provided by phone or in person. Positive test results should preferably be provided in a face-to-face encounter. If a patient with a positive test fails to return for test results, at least three attempts should be made to contact the patient (e.g. telephone call, letter, visit). (Refer to the policy/procedure "Provision of STD/HIV Test Results." The provision of HCV test results should be managed as STD test results.)
 - A. For patients with **Negative** test results:
 - a. If the exposure was in the past, provide reassurance and provide risk-appropriate counseling.
 - b. If the exposure is ongoing, re-emphasize specific prevention messages. The Hepatitis C test may be repeated once or twice up to six months from the last exposure.
 - B. For patients with **Positive** test results:
 - a. Advise the patient that the result is positive, explain results, answer questions, and provide appropriate written HCV information.
 - b. Provide the patient with information regarding the need for a) preventing further harm to their liver, b) reducing risks for transmitting HCV to others, and c) medical evaluation for chronic liver disease and possible curative treatment (refer to Attachment 1 for additional information).
 - c. Recommend the patient receive Hepatitis A vaccination (refer to the Immunization Standing Orders) and Hepatitis B vaccination if Hepatitis B risk factors exist and if unimmunized (refer to the Immunization Standing Orders).

- d. For patients who are tested in DHEC clinics and whose tests are positive, advise the patient to notify long-term sex partners and/or needle-sharing partners of their potential risk and recommendations for HCV testing. If the patient refuses or requests that the health department notify the partner(s), a reasonable effort (ie. phone call, letter, or face-to-face encounter) by DIS, nursing, or social work staff should be made to notify the partner(s) as resources allow in each district/county.
 - e. Obtain a signed consent for release of HCV information (e.g. copy of test results and appropriate clinical information). Refer the patient to their private physician or a physician on the Physicians' Referral List provided by the S.C. Hepatitis C Coalition. Staff should also identify physicians in the community who may accept referrals from DHEC of individuals who test positive for Hepatitis C. Provide the patient with information on local support groups if available.
2. Document information related to Hepatitis C on the Adult Health Clinical Encounter Form <http://webbase:8887/rims/rims.html>.
 3. Enter appropriate information in the electronic client encounter system.

Reporting/Surveillance - Division of Acute Disease Epidemiology:

1. Enter or assure that all cases of acute and chronic hepatitis C are entered in the appropriate reporting and surveillance system.
2. Report all cases to CDC.

RESPONSIBILITIES: Physicians, public health nurses, social workers, DIS, other appropriate staff.

REFERENCES:

MMWR, Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease, CDC, Vol. 47, No. RR-19, October 16, 1998. <http://www.cdc.gov/mmwr/PDF/rr/rr4719.pdf>

DHEC Epi and Lab Capacity Grant, Hepatitis C Surveillance and Control, April 1, 2001.

DHEC Standing Orders Manual, Immunization Standing Orders
<http://dhecnet/hs/nursing/index.htm>

DHEC District Laboratory Manual

DHEC Third Party Manual

APPROVAL DATE: 07/29/02

REVISION APPROVAL DATE: 02/05/04

Revisions:

1. Policy Statement: Changed “may provide” to “will provide”.
2. Risk factors:
 - Deleted “Persons with multiple episodes of an STD”.
 - Changed “ ≥ 10 lifetime partners” to “ ≥ 50 lifetime partners”.
 - Added “long-term” sex partner.
 - Deleted “Persons whose sex partner has risk factors”.
3. Added section “Patients With No Identified Risk Factors” to clarify that patients with no risk factors should be referred to a private provider for testing.
4. Added section “Reporting/Surveillance” on page 4.
5. Editorial changes.

* The effective date for implementation of this revised policy/procedure for those districts/counties already providing HCV counseling and testing services is 02/20/04. For those districts/counties not currently providing HCV counseling and testing services, the effective date is extended to 07/01/04.

Attachment 1

POSITIVE TEST RESULTS – HCV-SPECIFIC INFORMATION AND PREVENTION MESSAGES FOR HEALTH CARE PROVIDERS

Persons who are confirmed positive for Hepatitis C Virus (HCV) should be provided with information regarding the need for a) preventing further harm to their liver, b) reducing risks for transmitting HCV to others, and c) medical evaluation for chronic liver disease and possible curative treatments.

- To protect their liver from further harm, HCV-infected persons should be advised to:
 - Not drink alcohol.
 - Avoid taking frequent or high-doses of Tylenol.
 - Not start any new medicines, including over-the-counter and herbal medicines, without checking with their doctor.
 - Be vaccinated against hepatitis A.
- To reduce the risk for transmission to others, HCV-infected persons should be advised to:
 - Not donate blood, body organs, other tissue, ova, or semen.
 - Not share toothbrushes, dental appliances, razors, or other personal care articles that might have blood on them.
 - Cover cuts and sores on the skin to keep from spreading infectious blood or secretions; notify any persons exposed to their blood.
- HCV-infected persons with one long-term steady sex partner do not need to change their sexual practices. They should:
 - Discuss the risk, which is low but not absent, with their partner. If they want to lower the limited chance of spreading HCV to their partner, they might decide to use barrier precautions (eg. latex condoms).
 - Discuss with their partner the need for counseling and testing.
- Although the CDC advises that HCV-infected women do not need to avoid pregnancy or breastfeeding, potential, expectant, and new parents should be advised that:
 - Approximately 5 out of every 100 infants born to HCV-infected women become infected. (This occurs at the time of birth, and no treatment exists that can prevent this from happening.)
 - Infants infected with HCV at the time of birth usually do well in the first years of life. (More studies are needed to determine the natural history of HCV infection and impact of treatments in these infants with time).

- No evidence exists that mode of delivery is related to transmission; therefore, determining the need for cesarean section versus vaginal delivery should not be made on the basis of HCV infection status.
 - Limited data regarding breastfeeding indicate that it probably does not transmit HCV, although HCV-infected mothers may consider abstaining from breastfeeding, especially if their nipples are cracked or bleeding.
 - Infants born to HCV-infected women should be tested for HCV infection and, if positive, evaluated for the presence or development of chronic liver disease.
 - If an HCV-infected woman has given birth to any children after the woman became infected, she should have the children tested.
- Other counseling messages:
 - HCV is not spread by sneezing, hugging, coughing, food or water, sharing eating utensils or drinking glasses, or casual contact.
 - Persons should not be excluded from work, school, play, child-care, or other settings on the basis of their HCV infection status.
 - A support group may help patients cope with hepatitis C.
 - HCV-infected persons should be evaluated (by referral to a private physician) for presence or development of chronic liver disease including:
 - Assessment for biochemical evidence of chronic liver disease.
 - Assessment for severity of disease and possible treatment according to current practice guidelines.
 - Determination of need for hepatitis A and hepatitis B vaccination.

REFERENCE:

MMWR, Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease, CDC, Vol. 47, No. RR-19, October 16, 1998, <http://www.cdc.gov/mmwr/PDF/rr/rr4719.pdf>.